



REQUEST FOR SPECIALTY SERVICES

FAX form to 513-803-1111 or 1-866-877-8905

3333 Burnet Ave., MLC 9014
Cincinnati, OH 45229-3039
1-800-344-2462

(After faxing form, encourage family to call for appointment.)

Forms: <http://www.cincinnatichildrens.org/referrals>

PATIENT INFORMATION

Today's Date _____ CCHMC MR # _____ (if available)
Patient's Name _____
Date of Birth _____ Patient Gender _____ Mother's Name _____
Home Phone _____ Alt Phone _____

REASON FOR REQUEST

Reason for request / Specific question(s) to be answered:

- _____
- _____

History / Symptoms / Potential diagnosis / Special needs: _____

Check here if additional clinical information is included with this request. **Please include ALL pertinent documentation.**

SERVICES REQUESTED

Abnormal Weight Gain	Dermatology ³	Neurosurgery
ADHD Center	Developmental & Behavioral Pediatrics	NICU Follow Up Clinic ³
Adolescent Medicine/Teen Health Center	Diabetes ¹	Nutrition ¹
Aerodigestive	Endocrinology ¹	Ophthalmology/Eye Clinic
Allergy Clinic	ENT (Otolaryngology) ²	Orthopaedics
Behavioral Medicine & Clinical Psychology	Feeding Team ¹	Perlman Center/Cerebral Palsy Program
Brachial Plexus Clinic	Fetal Surgery	Physical Medicine & Rehab (not OT/PT)
Breast Feeding Clinic	Gastroenterology-GI ¹	Plastics/Oral Surgery
Cardiology	Gynecology (Pediatric & Adolescent)	Psychiatry
Cardiothoracic Surgery	Hemangioma & Vascular Malformation Team	Pulmonary Medicine
Center for Better Health and Nutrition ¹ (CBHN) – Non Surgical	Hematology-Oncology ¹	Rheumatology
Cerebral Palsy Clinic	Human Genetics	Sleep Center
Chronic Pain Management	Hypertension / Cholesterol Clinic	Sports Medicine
Chronic Pain Management – FIRST program	Infectious Diseases-ID ¹	Surgery (General & Thoracic Surgery)
Colorectal Surgery	International Adoption Center-IAC	Urology
Concussion/Head Injury/BRAIN Center	Mayerson Center for Safe & Healthy Children	Weight Loss Program - Surgical
Craniofacial Center	Nephrology	Other _____
Dentistry	Neurology	

¹ Please include copy of patient's growth charts

² For FEES, VPI, or Voice Clinic, call 513-636-0336

³ Please include ALL pertinent documentation

Do you want this patient scheduled with a specific provider? Yes No If so, with whom? _____

(Note: Requesting a specific provider may cause delays in appointment scheduling.)

It is Cincinnati Children's goal to have routine appointments available within 10 days; however, not all divisions have achieved this goal. If it is medically necessary for this patient to be seen urgently by a physician, call Physician Priority Link 888-636-7997.

REQUESTING PRACTITIONER / GROUP

Requesting Practitioner Name _____
Provider NPI (if new referring provider) _____
Primary Care Physician Name (if different) _____
Office Name _____ Telephone _____ Fax _____
Office Address _____

Signature/Credentials of Ordering Practitioner (Optional)

Printed Name

Date/Time

A1171
HIC 09/23



DTA1171